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P1O/SB/01 (10-00)

Approved for use through 10/31/2002, OMB 0651-0032

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Attorney Docket Number	PU030152			
First Named Inventor	Cristina Gomila et al.			
COMPLETE IF KNOWN				
Application Number	/			
Filing Date				
Group Art Unit				
Examiner Name				
	First Named Inventor  COMPI Application Number Filling Date Group Art Unit			

	<del></del>							
As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
METHOD AND APPARATUS FOR REPRESENTING IMAGE GRANULARITY BY ONE OR MORE PARAMETERS								
the specification of which	(Title of th	e Invention)			·			
is attached hereto								
Application Number	and	was amended on (MM/DD	(YYYY)	(il	applicable).			
I hereby state that I have reviewed specifically referred to above.	and understand the conte	nts of the above identified	specification, including	the claims as an	iended			
I acknowledge the duty to disclose applications, material information international filing date of the cont	vhich became available be	tween the filing date of the	ed in 37 CFR 1.56, inc prior application and	cluding for continuthe national or PC	ation-in-part T			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY) Country	y Not Claimed	YES	NO			
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
ApplicationNumber(s) Filing Date (MM/DD/YYYY)								
60/470,712	05/15/2003		numbers a a supplem	provisional app tre listed on ental priority da 2B attached hei	ta sheet			

[Page 1 of 2]

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## **DECLARATION** — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI									
Address	Thomson Licensing Inc.									
Address	PO Box 5312									
City										
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Country		To	elephone					Fax		
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOL	E OR FIRST II	VENTOF	R:		A petition has be	en filed fo	or this u	insigned inventor		
Given Name CRISTINA Family Name GOMILA or Surname										
Inventor's Cristina Comila Date MARCHERY, 20						te MARUNTY, 2004,				
Residence: City State Country					Citizenship					
PRINCETON NEW JERSEY					us			AIN		
Mailing Addres	is									
Malling Addres	s 25C	Chestnut	Court							
City		State		ZIP	,	Country	try			
Princeton		New Je	rsey	085	540	บร				
NAME OF SE	COND INVENT	OR:		1	☐ A petition has be	en filed f	or this a	ansigned inventor		
Given Family Name KOBILANSKY or Sumame										
Inventor's Signature Date										
Residence: City State Country					Citizenship					
OSSINING NEW YORK US				us			บร			
Mailing Address										
Malling Address 17 Seneca Road										
City	City State				ZIP			Country		
Ossining New York 10562						U	8			
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

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NAME OF SOL	E OR FIRST IN	VENTOR:			☐ A petition has be	een filed to	r this u	insigned inventor	
Given Name CRISTINA Family Name GOMILA or Surname						-			
Inventor's Signature			-				Da	te	
Residence: City State				Gountry			Citizenship		
PRINCETON NEW JERSEY				US SPAIN			AIN		
Mailing Addres	ss								
Mailing Addres	ss 25C C	Chestnut C	ourt			, <u></u>			
City		State		ZII	ZIP Country				
Princeton _		New Jers	ey	08	540	บร			
NAME OF SE	COND INVENTO	OR:			A petition has be	een filed fo	or this u	insigned inventor	
Given Name ALEXANDER					Family Name KOBILANSKY or Surname				
Inventor's Signature Repaired Wilson Ing Date 3/27/04									
Residence: City State				Country			Citizenship		
OSSINING NEW YORK			RK	RK US US			us		
Malling Address									
Mailing Address 17 Seneca Road									
City					ZIP			Country	
Ossining	]	New York	k .		10562		US	3	
	al inventors are be			nenta	l Additional Inventor(s)	sheet(s) P	TO/SB/0	02A attached hereto.	

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PTO/SB/81 (11-04)

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**Application Number** 

	Filing Date			
POWER OF ATTORNEY	First Named Inventor	Cristina Gomila et al.  Method And Apparatus For Represent- ing Image Granularity By One Or More Parameters		
and CORRESPONDENCE ADDRESS	Title			
INDICATION FORM	Art Unit			
	Examiner Name			
	Attorney Docket Number	PU030152		
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Address		THOMSON LICENSING INC.						
Address		P. O. BOX 5312						
City		PRINCETON	State	NJ	ZIP	08543-5312		
Country		USA						
Telephone		609-734-6820 Fax 609-734-6888						
Assign		or. rd of the entire interest. See 37 CFR 3 37 CFR 3.73(b) is enclosed. (Form PT		ı.				
SIGNATURE of Applicant or Assignee of Record								
Name Harvey D. Fried, Attorned, Reg. No. 28,298								
Signature ////////////////////////////////////								
Date		15 Nivember 2005 Telephone 609-734-6820						
NOTE: Signa Submit multip	ole forms	the inventors or assignees of recoif more than one signature is require forms are submitted.	rd of the	entire interest or elow*.	their rep	presentative(s) are required.		
izy i otal	<u> </u>	_ tornis are submitted.		-				

## POWER OF ATTORNEY THOMSON LICENSING

We,

THOMSON LICENSING

46, Quai A. Le Gallo

F-92100 Boulogne-Billancourt

France

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Joseph S. Tripoli Senior Vice President Thomson Licensing Inc. Two Independence Way Princeton, New Jersey 08540

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DATED this \_\_\_\_\_day of \_\_\_\_\_

in the year 2005.

Signature:

Typed Name As Signed:

Title:

Julian Waldron

President

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THOMSON LICENSING
46, Quai A. Le Gallo
F-92100 Boulogne-Billancourt
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DATED this

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SIGNED

Joseph S. Tripoli Sr. Vice President

Thomson Licensing Inc. and

Attorney In Fact for THOMSON LICENSING

WITNESS

Davida Joinavotto